

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

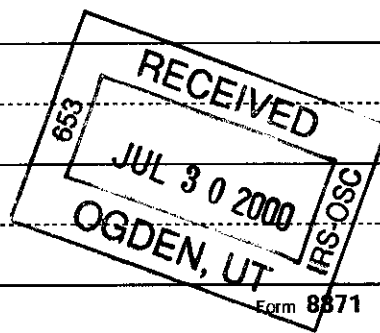
1 Name of organization <i>JOANNE VERGER FOR STATE REPRESENTATIVE</i>		Employer identification number <i>93 1282449</i>
2 Mailing address (P.O. Box or number, street, and room or suite number) <i>2285 N. 13TH COURT</i>		
City or town, state, and ZIP code <i>COOS BAY OR 97420</i>		
3 E-mail address of organization <i>VERGER@HARBORSIDE.COM</i>		
4a Name of custodian of records <i>WALL & WALL PC, CPAs</i>	4b Custodian's address <i>750 CENTRAL AVE., COOS BAY OR 97420</i>	
5a Name of contact person <i>J. LAWTON VERGER</i>	5b Contact person's address <i>1400 OCEAN BLVD., COOS BAY, OR 97420</i>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization <i>LOCAL COMM. TTEE of DEMOCRATIC PARTY</i>

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
<i>NONE</i>		



[illegible]

**Sign
Here**

Signature of authorized official

7-27-00

Date _____